

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 09-20-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The following services and dates of service **were found** by the IRO to be medically necessary:

- CPT codes 99211, 99212, 99213: office visits from 10/08/03 through 1/12/04.
- CPT code 99070: cock-up splint issued on 10/08/03
- CPT code 98943: extraspinal manipulations from 10/08/03 to 1/12/04
- CPT codes 97110 and 97150: therapeutic exercises and therapeutic procedures from 10/8/03 to 10/17/03

The following services and dates of service **were not found** by the IRO to be medically necessary:

- CPT code 99139-EU: electrical stimulation from 10/8/03 to 1/12/04
- CPT code 97018: paraffin bath from 10/8/03 to 1/12/04
- CPT code 97024: diathermy 10/8/03 to 1/12/04
- CPT code 99070: consumable TENS supplies, cold pack and Biofreeze from 10/8/03 to 1/12/04

The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees outlined above as follows:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);

- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 10/08/03 through 1/12/04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 27th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RL/rlc

Enclosure: IRO decision

October 19, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-0288-01
CLIENT TRACKING NUMBER: M5-05-0288-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they

have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Notification of IRO assignment with 16 additional pages of records from TWCC

3 pages, Letter from Back and Joint Clinic dated 10/12/04

7 pages initial report from John Wyatt DC dated 10/8/03

TWCC-73 Work Status Report from Dr. Wyatt dated 10/8/03

Employee's Request to Change Treating Doctors dated 9/25/03

TWCC-73 Work Status Report from Dr. Wyatt dated 1/13/04

28 pages of progress notes

1 page left wrist MRI study dated 11/10/03

1 page right wrist MRI study dated 6/19/03

1 page right elbow MRI study dated 10/28/03

1 page right shoulder MRI study dated 10/27/03

1 page left shoulder MRI study dated 10/27/03

3 page peer review dated 11/13/03

27 pages of reference literature citations

Summary of Treatment/Case History:

The patient, a 55-year-old female gilet packer, reported an injury to her hands and wrists on _____. She initially saw Karen Champion DC for evaluation and treatment and she was treated from August of 2002 to December of 2002 with ice, heat, chiropractic care, and massage treatments. Care continued with a chiropractor 8-10 times through July 2003.

The patient underwent a right wrist MRI study on 6/19/03 and the study revealed signal alteration in the TFCC and cystic changes in the ulnar aspect of the lunate bone that were suggestive of degenerative changes.

The patient went to John Wyatt DC for evaluation and treatment of bilateral hand, wrist, and thumb pain, as well as right shoulder and neck pain on 10/8/03. The examination revealed trigger points in the upper extremities, restricted ranges of motion in both shoulders, and tenderness in the bilateral bicipital grooves. Reflexes and motor strength were normal in the shoulders and pronation/supination were restricted in the bilateral elbows. The patient also exhibited signs of carpal tunnel syndrome. She was diagnosed with hand sprain, median nerve neuritis, De Quervain's tenosynovitis, wrist sprain, elbow sprain, and rotator cuff sprain and she was returned to work with restrictions through 12/9/03. The patient was treated on the following dates by the chiropractor:

Oct 03: 8, 9, 10, 13, 14, 15, 17, and 20

Nov 03: 4

Dec 03: 4

Jan 04: 12

She received a new patient office visits, cock-up splint, re-freezable cryopack, and Biofreeze on 10/8/03. She received an outpatient visit, paraffin bath, electrical stimulation, extraspinal manipulation, and TENS supplies on 10/9/03. She received paraffin bath, diathermy, electrical stimulation, and extraspinal manipulation on 10/10/03. She received an office visit, four units of therapeutic exercises, paraffin bath, therapeutic procedures, electrical stimulation, extraspinal manipulation, and massage on 10/13/03.

She received an office visit, five units of therapeutic exercises, paraffin bath, one unit of therapeutic procedures, and extraspinal chiropractic manipulation on 10/14/03. She received an office visits, five units of therapeutic exercises, paraffin bath, and extraspinal manipulation on 10/15/03 and she received an office visit, six units of therapeutic exercises, paraffin bath, and therapeutic procedures on 10/17/03.

She received office visits on 10/20/03 and 11/4/03 and she received extraspinal manipulation and Biofreeze on 12/4/03. The patient was treated with an office visit, paraffin bath, massage, and chiropractic manipulation on 1/12/04.

A right shoulder MRI study on 10/27/03 revealed marked AC joint degenerative change and subacromial spurring and a prominent coracoacromial ligament with bursitis and tendinitis suggestive of outlet encroachment and possible fraying and degenerative changes of the posterior labrum. There was also a tiny focal partial thickness tear at the insertion of the supraspinatus tendon. The left shoulder MRI study on 10/27/03 revealed tendonopathy, peri-tendinous inflammation, and moderate bursitis without a definite rotator cuff tear. The patient did have a type II acromion present.

A review of the patient's job description revealed that the patient did not have to lift above the shoulder level and she only had to occasionally push/pull objects. She was required to continuously lift up to 10 lbs and lift 11–24 lbs occasionally. No overhead work was required of the patient.

A right elbow MRI study on 10/28/03 revealed mild atrophy of the pronator teres muscle and a right shoulder MRI study. The patient underwent a left wrist MRI study on 11/10/03 and the study revealed minimal edema within the capitate that could represent contusion or cystic changes.

The carrier denied the office visits, cock-up splint, TENS supplies, cold pack, massage, diathermy, electrical stimulation, paraffin bath, extraspinal manipulation, therapeutic exercises, and therapeutic procedures from 10/8/03 to 1/12/04.

Questions for Review:

1. Were the office visits, cock-up splint, TENS supplies, cold pack, Biofreeze, massage, diathermy, electrical stimulation, paraffin bath, extraspinal manipulation, therapeutic exercises, and therapeutic procedures from 10/8/03 to 1/12/04 medically necessary?

Explanation of Findings:

1. Were the office visits, cock-up splint, TENS supplies, cold pack, massage, diathermy, electrical stimulation, paraffin bath, extraspinal manipulation, therapeutic exercises, and therapeutic procedures from 10/8/03 to 1/12/04 medically necessary?

The office visits rendered by the chiropractor from 10/8/03 through 1/12/04 were medically necessary for the management of the patient's upper extremity-related complaints. The cock-up splint issued on 10/8/03 was medically necessary. The passive therapies (#97139-EU electrical stimulation, #97018 paraffin bath, #97024 diathermy, and #97124 massage) and the consumable TENS supplies, the cold pack, and Biofreeze (#99070) were not medically necessary from 10/8/03 to 1/12/04.

According to the American Academy of Orthopedic Surgeons, carpal tunnel syndrome therapy involves a combination of activity modification, splinting and NSAIDS for those without contraindications. If response to initial treatment is positive, then the patient may resume normal activities as tolerated. (Clinical guideline on wrist pain. Rosemont (IL): American Academy of Orthopaedic Surgeons; 1999). The American Society for Plastic and Reconstructive Surgeons indicates that conservative treatment options for carpal tunnel syndrome include wrist splinting in neutral position, NSAIDS, vitamin B6 supplementation, ultrasound, and ergonomic adjustments. (Carpal tunnel syndrome. Arlington (VA): American Society of Plastic and Reconstructive Surgeons (ASPRS); 1998). According to the American Academy of Neurology, conservative treatment of carpal tunnel syndrome includes the use of wrist splints, activity modification, removal of constrictions, and NSAIDS. (Practice parameter: carpal tunnel syndrome. Neurology 1993 Nov;43(11):2406-9) The Vermont Program for Quality in Health Care - Carpal Tunnel Syndrome Algorithm Guideline indicates that nonoperative therapy for carpal tunnel syndrome may include a trial of NSAIDS, splinting, injections, and/or activity modification.

O'Connor et al evaluated the effectiveness of non-surgical (other than steroid injection) for carpal tunnel syndrome versus a placebo or other non-surgical, control interventions in improving clinical outcome. Randomized or quasi-randomized studies in any language of participants with the diagnosis of carpal tunnel syndrome who had not previously undergone surgical release were reviewed and all non-surgical treatments apart from local steroid injection were considered. The primary outcome measure was improvement in clinical symptoms after at least three months following the end of treatment. Twenty-one trials involving 884 people were included. Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. The reviewers concluded that current evidence shows significant short-term benefit from oral steroids, splinting, ultrasound, yoga and carpal bone mobilization. Other non-surgical treatments do not produce significant benefit. (O'Connor, D, et al, "Non-surgical treatment (other than steroid injections) for carpal tunnel syndrome", (Cochrane Review), in The Cochrane Library, Issue I, 2003, Oxford)

According to the Philadelphia Panel's Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain, none of the modalities used in the treatment of the patient were supported by the study. Ultrasound provided clinically important pain relief relative to a control for patients with calcific tendinitis in the short term (less than 2 months). There was good agreement with this recommendation from practitioners (75%). For several interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain. Phys Ther. 2001;81:1719-1730)

The extraspinal manipulations (#98943) were medically necessary from 10/8/03 to 1/12/04. The therapeutic exercises (#97110) and therapeutic procedures (#97150) from 10/8/03 to 10/17/03 were medically necessary.

Conclusion/Decision to Certify:

The office visits rendered by the chiropractor from 10/8/03 through 1/12/04 were medically necessary for the management of the patient's upper extremity-related complaints.

The cock-up splint issued on 10/8/03 was medically necessary.

The extraspinal manipulations (#98943) were medically necessary from 10/8/03 to 1/12/04.

The therapeutic exercises (#97110) and therapeutic procedures (#97150) from 10/8/03 to 10/17/03 were medically necessary.

Conclusion/Decision to Not Certify:

The passive therapies (#97139-EU electrical stimulation, #97018 paraffin bath, #97024 diathermy, and #97124 massage) and the consumable TENS supplies, cold pack, and Biofreeze (#99070) were not medically necessary from 10/8/03 to 1/12/04.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Clinical guideline on wrist pain. Rosemont (IL): American Academy of Orthopaedic Surgeons; 1999.

References Used in Support of Decision:

Carpal tunnel syndrome. Arlington (VA): American Society of Plastic and Reconstructive Surgeons (ASPRS); 1998

American Academy of Neurology, Practice parameter: carpal tunnel syndrome. Neurology 1993 Nov;43(11):2406-9

The Vermont Program for Quality in Health Care - Carpal Tunnel Syndrome Algorithm Guideline
O'Connor, D, et al, "Non-surgical treatment (other than steroid injections) for carpal tunnel syndrome", (Cochrane Review), in The Cochrane Library, Issue 1, 2003, Oxford

Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain.
Phys Ther. 2001;81:1719-1730

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of clinical neurology, pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payer and/or URA, patient and the TWCC.

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